

**Centers for Disease Control and Prevention (CDC) - Model Performance Evaluation Program (MPEP)
Testing for Human Immunodeficiency Virus Type 1 (HIV-1) and Human T-Lymphotropic Virus
Types I and II (HTLV-I/II), and T-Lymphocyte Immunophenotyping (TLI) by Flow Cytometry**

For enrollment of your laboratory in the Model Performance Evaluation Program (MPEP), please provide information in the spaces below. This information will be entered in the MPEP enrollment data base to ensure your laboratory's receipt of mailed performance evaluation panels and CDC published reports of results.

1. **Name of Laboratory:**_____
2. **Mailing Address:**_____
3. **City:**_____ **State:**_____ **Zip Code:**_____ **Country:**_____
4. **Laboratory Director's Name:** _____
5. **Laboratory Supervisor's Name:** _____
6. **Please indicate the MPEP program(s) in which your laboratory would like to participate.**

<u>HIV-1</u>	<u>HTLV-I/II</u>	<u>TLI</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you checked **No** to any of the items in question #6, please indicate why below:

- ☐ Our laboratory does not perform HIV-1 testing. ☐ Our laboratory does not perform HTLV-I/II testing.
☐ Our laboratory does not perform TLI.
☐ Other reasons, please specify (optional):_____

7. **Please indicate below both the name of the contact person and the laboratory shipping address where performance evaluation panels should be mailed if this is different than the mailing address listed above (Please note that performance evaluation samples shipments cannot be delivered to P.O. boxes located in the United States):**

HIV-1 Contact Person:_____

Shipping Address:_____

City:_____ **State:**_____ **Zip Code:**_____ **Territory:**_____

Telephone:(____)-____-____ **Ext.** _____ **Fax:**(____)-____-____

HTLV-I/II Contact Person:_____

Shipping Address:_____

City:_____ **State:**_____ **Zip Code:**_____ **Territory:**_____

Telephone:(____)-____-____ **Ext.** _____ **Fax:**(____)-____-____

TLI Contact Person:_____

Shipping Address:_____

City:_____ **State:**_____ **Zip Code:**_____ **Territory:**_____

Telephone:(____)-____-____ **Ext.** _____ **Fax:**(____)-____-____

This information is authorized by law (Section 301 of the Public Health Service Act [42 USC 241]). Although your response is voluntary, your participation is vital in characterizing laboratory performance. Public reporting burden for this collection of information is estimated to average three minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA, Hubert H. Humphrey Building, Rm 721-B, 200 Independence Ave. S.W., Washington,

8. **Please indicate your laboratory type by checking the appropriate category listed below (check only one):**

☐ **BLOOD BANK**

[e.g., community, regional, blood/plasma center, Red Cross, privately owned, military, nonhospital blood bank, hospital blood bank (hospital blood bank includes portion of hospital laboratory responsible for blood donor testing)]

☐ **HOSPITAL**

[e.g., city, county, district, community, state, regional, military, Veterans Affairs, Federal government (other than military), privately owned, university, HMO/PPO owned and operated, religious-associated]

☐ **HEALTH DEPARTMENT**

[e.g., city, county, state (main, central, or branch), regional, district, national reference laboratory (government affiliated)]

☐ **INDEPENDENT**

[e.g., commercial, commercial manufacturer of reagents, HMO satellite clinic, pharmaceutical laboratory, physician office laboratory, employee health clinic, reference laboratory (nongovernment affiliated)]

☐ **OTHER**

[e.g., university-associated research, drug screening/toxicology, Federal government research (nonmilitary), sexually transmitted diseases clinic, organ procurement, privately funded research]

9. **Please verify your desire to participate in the MPEP by reading the following and signing in the space provided.**

We understand that as participants in the Model Performance Evaluation Program, we will be asked to send the following to CDC: (1) results of our testing of performance evaluation samples provided by CDC; (2) information on methods used to test the samples; and (3) information about the characteristics and testing practices of our laboratory.

Director's Signature: _____

10. **Please mail this completed enrollment information to:**

MPEP Survey Coordinator
DynCorp
Canterbury Hall
4815 Emperor Blvd.
Suite 300
Durham, North Carolina 27703

If you have questions about the completion of this enrollment information, please call DynCorp toll free 1-800-322-4383.

If you have questions about participation in the MPEP, please contact William O. Schalla, M.S., Chief, MPEP at the CDC office by dialing (770)-488-4366, faxing to (770) 488-7693, or writing directly to:

William O. Schalla, M.S., Chief
Model Performance Evaluation Program
Division of Laboratory Systems

Public Health Practice Program Office
Centers for Disease Control and Prevention (CDC)
Building 102, Mailstop G-23
4770 Buford Highway, NE
Atlanta, GA 30341-3724